

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p>L(a) PLAINTIFFS Paul Abraham, on behalf of himself and all others similarly situated</p> <p>(b) County of Residence of First Listed Plaintiff <u>Bexar</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p> <p>(c) Attorneys (Firm Name, Address and Telephone Number) Lawrence Morales II & Allison S. Harry, THE MORALES FIRM, P.C. 115 E. Travis, Suite 1530, San Antonio, Texas 78205; 210-225-0811</p>		<p>DEFENDANTS FPMC Services, LLC</p> <p>County of Residence of First Listed Defendant _____ <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p>																										
<p>II. BASIS OF JURISDICTION (Place an "X" in One Box Only)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 1 U.S. Government Plaintiff </td> <td style="width: 50%;"> <input checked="" type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i> </td> </tr> <tr> <td> <input type="checkbox"/> 2 U.S. Government Defendant </td> <td> <input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i> </td> </tr> </table>		<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	<p>III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) <i>(For Diversity Cases Only)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Citizen of This State </td> <td style="width: 50%;"> <input type="checkbox"/> PTF <input type="checkbox"/> DEF </td> <td> Incorporated or Principal Place of Business In This State </td> <td style="width: 50%;"> <input type="checkbox"/> PTF <input type="checkbox"/> DEF </td> </tr> <tr> <td> Citizen of Another State </td> <td> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </td> <td> Incorporated and Principal Place of Business In Another State </td> <td> <input type="checkbox"/> 5 <input type="checkbox"/> 6 </td> </tr> <tr> <td> Citizen or Subject of a Foreign Country </td> <td> <input type="checkbox"/> 3 <input type="checkbox"/> 4 </td> <td> Foreign Nation </td> <td> <input type="checkbox"/> 6 <input type="checkbox"/> 7 </td> </tr> </table>		Citizen of This State	<input type="checkbox"/> PTF <input type="checkbox"/> DEF	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF <input type="checkbox"/> DEF	Citizen of Another State	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 6	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3 <input type="checkbox"/> 4	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 7									
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<p>VI. CAUSE OF ACTION</p>		<p>Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): U.S. Worker Adjustment and Retraining Notification Act, 29 U.S.C. 2101, et seq.</p>																										
		<p>Brief description of cause: Defendant failed to provide Plaintiff and others similarly situated with notice of employment loss under WARN Act</p>																										
<p>VII. REQUESTED IN COMPLAINT:</p>		<input checked="" type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMAND \$ <small>CHECK YES only if demanded in complaint:</small> JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
<p>VIII. RELATED CASE(S) IF ANY <i>(See instructions):</i></p>		JUDGE _____ DOCKET NUMBER _____																										
DATE 10/27/2015		SIGNATURE OF ATTORNEY OF RECORD <i>/s/ Lawrence Morales II</i>																										
RECEIPT # _____ AMOUNT _____ APPLYING JEF _____ JUDGE _____ MAG. JUDGE _____																												
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